

CITY OF HOUSTON

Administration & Regulatory Affairs

Department

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Mayor

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FINGERPRINT APPLICATION SERVICES OF TEXAS, F.A.S.T.

Fingerprint services for the permits and license requiring fingerprints through the Administration & Regulatory Affairs Department are conducted through the state of Texas. The Department of Public Safety has entered into an exclusive contract with MorphoTrust USA to provided statewide electronic fingerprints. The goal of the Fingerprint Applicant Services of Texas (F.A.S.T.) program is to provide convenient applicant fingerprinting services throughout the state of Texas. Appointments are available by scheduling online at www.identogo.com or by calling 1-888-467-2080. The cost of this service is \$39.70 for the State and National Criminal History Record Information. You may pay for F.A.S.T. service online with a credit card or onsite with a check or money order. Cash is NOT accepted!

Here is how to get started:

- 1) You must obtain a FAST Pass from the Administration and Regulatory Affairs Department, Commercial Permitting and Transportation Sections. This pass will contain all the necessary instructions and information to schedule your fingerprint appointment.
- 2) You will need to schedule an appointment by logging onto the MorphoTrust USA website, www.identogo.com or by calling 1-888-467-2080.
 - a. If you are scheduling by phone, please request an "Electronic Fingerprint Submission" appointment.
 - b. When scheduling an appointment you will be prompted for the following additional personal data:
 - i. Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
 - ii. Requested data is required by the Texas Department of Public Safety to process your background check.
- 3) Please complete the necessary fields on the FAST Pass, bring your completed pass and valid State Issued Identification.
 - a. During your fingerprint appointment you will be prompted for Social Security Number and Driver License Number.
 - b. You are also required to have your photograph taken at the time of your appointment.
 - c. Requested data is required by the Texas Department of Public Safety to process your background check.
- 4) Once you have completed your appointment you will be provided with a signed receipt which includes your Tracking Control Number (TCN), please retain this receipt for your records.
- 5) Your fingerprints, demographic information, and photograph will be sent to the Department of Public Safety and the Federal Bureau of Investigation for processing. Criminal History Record Information based upon your submission will be provided to the requesting agency.

If you have any questions regarding the F.A.S.T. processes, please feel free to contact the Fingerprint Services Unit at fingerprint.service@dps.texas.gov or 512-424-2365, Option 6.



REGULATORY LICENSING - ARA

City of Houston

This document is your FAST Fingerprint Pass for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting http://www.identogo.com or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for FAST services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

- 1. Logon to http://www.identogo.com
- Select: Texas
- 3. Select: Online Scheduling
- 4. Select: English or Espanol
- 5. Enter: First and Last Name

- 7. Select: Option A Electronic Submission
- 8. Select: Yes, I have a FAST Fingerprint Pass
- 9. Enter: TX923608Z
- 10. Enter: Application ID, HL ARA
- 11. Follow the prompts to enter requested information.

6. Select: All Others	12	2. Bring this completed form with you to your appointment.
Section One: Qualified Entity Information		
ORI#: TX923608Z Application ID: HL	- ARA Original TCN: _	(If resubmission for rejected fingerprints)
Agency/Entity/Organization Name: _City of Hou	uston Regulatory Licensing (ARA)	
Section Two: Applicant Name (To be complete	d by applicant)	
Last:	First:	Middle:
Last: (Please print)	First:(Please print)	Middle:(Please print)
Section Three: Waiver Information (To be com	pleted and signed by applicant)	
Authorized Agency or Qualified Entity with which I Applicant Clearinghouse of Texas and as authoriz I authorize the Texas Department of Public Safety submitted information to available records in orde potentially pertinent information to the DPS during this application is being submitted. I understand t collection of fingerprints and related information, v to further disseminations by the FBI as may be au any criminal history record check and challenge Entity. I also understand the Qualified Entity may check is completed. If a need arises to challenge may send a written challenge request to the FBI's Group, 1000 Custer Hollow Road, Clarksburg, W.	I am or am seeking to be employed or to ged by Texas Government Code Chapter to submit my fingerprints and other apper to identify other information that may be the processing of this application and what the FBI may also retain my fingerprivater all such data will be subject to continuously and completeness of the index of the	ns to me and disseminate that information to the designated to serve as a volunteer, through the DPS Fingerprint-based er 411 and any other applicable state or federal statute or policy. Plication information to the FBI for the purpose of comparing the be pertinent to the application. I authorize the FBI to disclose for as long hereafter as may be relevant to the activity for which into and other applicant information in the FBI's permanent emparisons against other submissions received by the FBI and (5USC 552a(b)). I understand I am entitled to obtain a copy of information before a final determination is made by the Qualified y, or individuals with disabilities until the criminal history record tact the agency that submitted the information to the FBI, or you (CJIS) Division at FBI CJIS Division, Attention: Correspondence
Signature:		Date:
Section Four: Service Center Information (To b	be completed by FAST Enrollment Ag	gent)
Date Prints Taken	Amount Charged For Service	ce: _\$39.70
Paid by: ☐ Check ☐ Money Order ☐ Visa	☐ MasterCard ☐ Billing Acct	
TCN:		
I HAVE COMPARED THE GOVERNMENT DETERMINATION; I HAVE FINGERPRINATION		NTED BY THE APPLICANT AND ATTEST THAT TO MY BEST
E.A. Name: (Please print)	E.A. Signatur	e:

Revised 06/13

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

PLEASE SUBMIT SIGNED COPY WITH YOUR APPLICATION.

I,APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)	_, have been notified that a Computerized Crir	ninal
History (CCH) verification check will be perform and will be based on name and DOB identifiers I		olic Safety Secure Website
Because the name-based information is not a identification to criminal history, the organizationallowed to discuss any criminal history record in agency may request that I have a fingerprint seaname and DOB search.	n conducting the criminal history check for ba	ackground screening is not B method. Therefore, the
For the fingerprinting process, I will be required the Texas Department of Public Safety AFIS (Au in order to complete this process I must make an my fingerprints, request a copy be sent to the ag company, MorphoTrust USA.	tomated Fingerprint Identification System). I la appointment with MorphoTrust USA, submit	have been made aware that a full and complete set of
Once this process is completed and the agency history records may be discussed with me.	receives the data from DPS, the information of	on my fingerprint criminal
(This copy must remain on fi	le by your agency. Required for future DPS	Audits.)
Signature of Applicant or Employee	Please: Check and Initial each Ap	plicable Space
	CCH Report Printed:	
Date	YESNO	Initial
COH Regulatory Permitting - ARA	Purpose of CCH:	
Agency Name (Please Print)	Hire Not Hire	Initial
Agency Representative Name (Please Print)	Date Printed:	Initial
	Destroyed Date:	
Signature of Agency Representative		Initial
Date	Retain in your fi	les.